

Personal Injury & Damage Claim Form

TO: SAFETY / RISK MANAGER

THRU: DEPARTMENT DIRECTOR _____

FROM: _____,

CLAIMANT

SUBJECT: POTENTIAL CITIZEN / EMPLOYEE CLAIM

In accordance with City Policy Statement M-7, the following claim was reported to the above office:

1.

CLAIMANT INFORMATION:

NAME: _____

SOC. SEC.# _____

ADDRESS: _____

HOME PHONE: _____

WORK PHONE: _____

2. INCIDENT (PLEASE DESCRIBE):

NATURE & EXTENT OF INJURY/PROPERTY DAMAGE:

LOCATION OF INCIDENT:

DATE & TIME OF INCIDENT:

ESTIMATED EXPENSES OF CLAIM:

3. WITNESSES:

NAME: ADDRESS: PHONE #:

4. PERSONAL INSURANCE CARRIER:

NAME: ADDRESS: PHONE #:

POLICY NUMBER: _____

I affirm that the above facts are a true and accurate statement of the incident to the best of my knowledge:

CLAIMANT'S SIGNATURE DATE

Any payment authorized by the City of Hopewell shall not be construed as an admission of liability or responsibility for the incident or any damages or injuries resulting therefrom.

FINDINGS OF DEPARTMENT:

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NAME TITLE